PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

P284981

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			17				RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		* -0		X\$	9=		OR	X\$18=	
INDEPENDENT CLAIMS			√ minus 3 =		*		X4	2=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+14	0=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	Δ1		OR	TOTAL	7/1
CLAIMS AS AMENDED - PART II							, 0	ΛL		On	OTHER	THAN
		(Column 1)	MENDEL	(Colu	mn 2) (Column 3)		SM	SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	2=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM						.200_	
							+14			OR	+280= TOTAL	
								OTAL FEE		OR	ADDIT. FEE	
		(Column 1)	_	_	mn 2) HEST	(Column 3)						-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	pendent Minus *** T PRESENTATION OF MULTIPLE DEPENDEN		T CL AINA]=	X4	2=		OR	X84=		
L	FIRST PRESE	NIATION OF M	JETIPLE DE	PENDEN	CLANV		+14	0=		OR	+280=	
							T ADDIT	OTAL FEE		OR	TOTAL ADDIT: FÉE	
		(Column 1)			mn 2)	(Column 3)	ì					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HËST IBER OUSLY I FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4				X84=	
┖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			- <i>-</i> 		OR		
							+14	0=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nur	nber Previously Pa	id For" (Total	or Independ	dent) is th	e highest numbe	r found in t	he ap	propriate box	x in co	lumn 1.	